MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24962

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 33 Registered No. 6379

City St Louis (No. St Anthony Hospital St. .... Ward)

2. FULL NAME Dr Harvey S. McKay

(a) Residence, No. 24 Wydown Terr. Mo Ward. St Louis Co.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence McKay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or .... min.
54	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Dr S. R. McKay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Julia Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Florence N McKay
(ADDRESS) 24 Wydown Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 24th 1933

19. UNDERTAKER Arthur J Donnelly Und Co
(ADDRESS) 3840 Lindell Blvd

20. FILED .... 19 .... J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933, to July 22 1933

I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset July 9 1933

Other contributory causes of importance:

General arteriosclerosis — several months

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19 ....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) Walter Baumgarten, M. D.

(Address) 3720 Washington Av.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible]
Mr & Luke Bay.

Jc 0100

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